



## Federal Executive Board of Minnesota - Shared Neutrals Program

## **Mediator Trainee Evaluation**

Please complete this evaluation form and return it to the FEB Shared Neutrals Council. Thank you.

| MEDIATOR         | AGENCY            |
|------------------|-------------------|
| MEDIATOR TRAINEE | TRAINEE'S AGENCY  |
| CASE NUMBER      | MEDIATION DATE[S] |

Please evaluate the Mediator-Trainee using the following scale. Remember that an honest critique is needed so that skills can be developed. You are directed to share all comments with the trainee in a positive light including alternatives that may be more efficient.

| 1 2<br>Needs Good<br>Improvement |                    | 3<br>Very Good      | 4<br>Excellen | t | 5<br>Not Observed |   |   |   |   |
|----------------------------------|--------------------|---------------------|---------------|---|-------------------|---|---|---|---|
|                                  |                    |                     |               |   | 1                 | 2 | 3 | 4 | 5 |
| 1                                | Providing introdu  | uction              |               |   |                   |   |   |   |   |
| 2                                | Listening          |                     |               |   |                   |   |   |   |   |
| 3                                | Empathizing        |                     |               |   |                   |   |   |   |   |
| 4                                | Maintaining conf   | identiality         |               |   |                   |   |   |   |   |
| 5                                | Assisting parties  | in creating options | 3             |   |                   |   |   |   |   |
| 6                                | Testing perception | ons against facts   |               |   |                   |   |   |   |   |
| 7                                | Caucusing          |                     |               |   |                   |   |   |   |   |
| 8                                | Reaching closure   | e/agreement         | ·             |   |                   |   |   |   |   |
| 9                                | Allowing parties   | to own the process  | 3             |   |                   |   |   |   |   |
| 10                               | The mediator-tra   | inee was fair       | ·             | · |                   |   |   |   |   |
| 11                               | The mediator-tra   | inee was effective  |               |   |                   |   |   |   |   |

Was there any critical element of the mediation process that the trainee had problems with? If so, please explain:

Thank you for taking the time to fill out this survey. The information you have provided will help us to improve the program. Please mail the questionnaire to:

Federal Executive Board of Minnesota Room 510 Bishop Henry Whipple Federal Building 1 Federal Drive Fort Snelling, Minnesota 55111-4058

Fax Number: (612) 713-7203